

Why Family Hubs? transcript

About this transcript

This is a transcript of the Why Family Hubs? video which was created on November 12th 2021.

In this video, Dr Camilla Rosan speaks with local authorities who are already implementing family hubs in their local area. The plenary addresses the reason for Family Hubs and why they are the solution.

For more information on the National Centre for Family Hubs, please visit: www.nationalcentreforfamilyhubs.org.uk

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Why Family Hubs? transcript

Peter Fonagy: Thank you, Minister Quince, for a wonderful, inspiring, and crystal-clear presentation. I have to say, if this is a sign of things to come, Minister, we are in very good hands. And I say we, the children, and young people of this country, so thank you.

At this point, I want to hand over to Camilla Rosan, who has led the development of the toolkit at the National Centre and will be guiding us through much of the day. Camilla is an extraordinary and individual working at the Anna Freud.

We are very proud to have her, her imagination and creativity and her exceptional knowledge and insight with us. Camilla, over to you.

Camilla Rosan: Thank you, Peter. Welcome everybody. And it is wonderful to have so many of you here. And I completely agree with Peter. It was a hugely compelling and clear speech. Thank you also to Minister Quince. I am going to do my best now to try to expand on some of those points that the Minister laid out around, you know, why we're talking about Family Hubs and what a Family Hub is. And then we're going to hear from a parent, Nicky, and we're going to hear from some practitioners from the Isle of Wight to also triangulate our evidence and parent experience, family experience and practice experience that sits at the core of all that we're doing at the National Centre.

So, just to sort of start and set the scene around what the National Centre for Family Hubs is. I think for those of you who don't know us, or this is perhaps the first time that they're joining us. The National Centre

for Family Hubs is hosted at the Anna Freud Centre, and the Anna Freud Centre is a world leading charity.

Our aim is to transform the mental health and well-being of babies, children, young people and their families. And we do that through a range of different ways that are, I think, hopefully captured in what we're doing in the National Centre. So, research, teaching and training. We run a lot of postgraduate programs with UCL, Peter mentioned. We're developing new approaches.

We're really trying to understand what the gaps are in our knowledge about children and families in practice and evidence. And what can we do to try and innovate around those and create new approaches and ways of working? How can we collaborate with policy makers, like Minister Quince and his team and the Department for Education, and in leading policy and practice development and also trying to learn from innovation internationally, in doing all of those above things? So, a little bit about our journey to this point. I think that, you know, the idea of Family Hubs have been in the making or in discussion for a while.

And it was in the 2019 Manifesto, that there was a commitment to making Family Hubs a reality. And then sitting behind that there are all sorts of other important policy developments and innovations, through the Reducing Parental Conflict programme that sits within the Department for Work and Pensions and all their incredible work.

The previously Troubled Families Now Supporting Families programme. And those huge scale innovations. And of course, the recent work that Dame Andrea Leadsom has led around the 'Best Start for Life' has been mentioned a few times this morning.

And bringing together all of the evidence that has been put together about why whole family integrated joined up services work. The Early Intervention Foundation's report of learning and practice around Family Hubs has been a real foundation of work that we've developed as the National Centre.

So, in December, it was announced that a National Centre for Family Hubs would be created as part of a wider package of support in this space. And we were very excited, after the competitive bidding process been awarded the funding. And we went live on the 20th May. And it's been, it's been a busy few months. Where we're at now is that the National Centre for Family Hubs is a national initiative, it's a kind of virtual centre.

It's led by the Anna Freud Centre, funded by the Department of Education, although Family Hubs is clearly a cross-department business. And our role is to champion best practices and evidence in Family Hub delivery so that all babies, children and families can access the joined up whole family support they need to an increase in Family Hub models being available across England. So that's our role.

And we do this with this co-production approach that we've mentioned a few times. Since we've been set up, we've spoken to 123 local authorities.

We've heard about their Family Hub innovations. We've heard about the things that they've found challenging, the things that they're worried about, the gaps in their knowledge.

And it's those conversations that have really informed how we've developed what we're doing and what we're talking about today. And behind all of that has been the kind of family needs that have been identified in local areas and what families, what parents, what young people and what even toddlers and babies are able to communicate to us around what their experience is and what they want. And of course, in collaboration with the Early Intervention Foundation, we're also looking at the evidence of what works.

And some of that is very much emerging evidence and qualitative evidence, again coming back to what families and practitioners tell us impacts their experience. What we're doing at the National Centre. Our range of activities to help support this ambition, which is around trying to keep linked with those that might need our help to having a support line.

We launched our Family Hubs in Mind newsletter, which we are disseminating every six weeks, which has all our latest resources and events. And we're planning on doing 20 local and national events over the next 18 months. And then, we've this morning re-launched an updated website which has our resource library on it. What we're doing with the resource library is really bringing together all of that documentation. It can be quite hard to, I guess, penetrate, and synthesise the huge amount of literature out there about different aspects of Family Hub delivery.

And so, we've created this toolkit that helps those that are interested to navigate that world. We have, also today, launched our toolkit on how to implement, how to set up and deliver a Family Hub. The first few modules of that went live this morning,

The session after this one is going to take you through how that works. And we also want to understand, you know, the differences in practice and development across the country. So, we want to create a dashboard of progress on Family Hub delivery across the project as well. And then I think the critical bit of our work is going to be directly working with local authorities who are interested in setting up and delivering Family Hubs.

And we have a regional team of coordinators who match the local authorities, who will work with them to understand where they are at in the development journey, understand the areas where there is need for, for growth, for development, for more understanding or knowledge. And so that Family Hub delivery can be achieved. And so, this is a new site that we went live with this morning, www.nationalcentreforfamilyhubs.org.uk

And we did have a previous site on the Anna Freud website, so it might look very similar to lots of you, which is intentional. But there's additional things on there, including of course, our toolkit. We've got our Family Hubs in Mind newsletter that I mentioned.

Please do sign up to that if you're interested in keeping up to date with what's going on. And these are the details of how to get in touch and where to find out more. I hope people will delve in and explore. So, what is a Family Hub? I will take you through some of the things that Minister Quince said and perhaps try and put a little bit more detail on this. But I think, I think we're really interested to continue to hear people around our definition of Family Hubs and test out these models as we go.

So, who are Family Hubs for? I think really critically, Family Hubs are for children from conception up to age 19. Then up to 25, for SEND. So, this is across the lifespan of a child. And they are also about delivering services to families with universal needs, so all families.

And so, as Minister Quince said, they will crucially involve the 'Start for Life' offer at that universal level. They will also go on to provide some additional services to some targeted levels of need.

This will of course need to necessarily reflect the populations and the needs of those families in those populations of each local authority. But it will be universal. This is about a universal plus vision for families.

Where are Family Hubs? Family Hubs really could be in a community centre. They could be in a secondary school. They could be in a library. And they, of course, children's centres are going to be a critical part of that. They also might be, you know, in a shop front.

I guess the vision for Family Hubs isn't about creating just new buildings, it's about thinking creatively about how to make access to family support services accessible, non-stigmatising and available to families. So, a range of universal spaces are going to be essential.

And that they might not all be in the same space. It might be that, you know, a range of Family Hub services are offered in one space. But it also might be that access is virtual and we've learnt so much from the pandemic around how and when families and young people have benefited from virtual services.

It can be a huge facilitator to access. Of course, there are many families, but this isn't helpful, and a physical space is still very much needed. And so, it's about how we bring these things together, the different kinds of physical spaces that are non-stigmatising, that are accessible and also thinking about access through virtual means. So, the principles that Minister Quince mentioned today, I'm going to talk through in a little bit more detail.

And so, access. What we're thinking about with Family Hubs is a single access point and that isn't about a single space, as I said, that it's a single way in to help families navigate what they might need. So, you know, if we have a parent who has a number of children, of a number of different ages, with a number of different needs.

It's how they don't have to work out all the different services they might need. It's about creating a single access point for that parent, that family,

which has a clear virtual offering. As I mentioned around the age, it goes beyond 0-5 children's centres. Children's centres are absolutely at the core.

The Start for Life services are hugely critical. But it goes beyond that. Family Hubs are about a whole family approach across the lifespan, so it's support for families and children of all ages. And to help support access, we need to have really clear and accessible information about what the hub is and what the offer looks like.

And it's not... Dame Andrea Leadsom always says it's not good enough for us to have that information. It's how we ensure that families can see it and know about it and then can use it. And we're also, I think a critical part of the building space is that we're also incredibly aware, that just having a physical space or just having families even aware of that, isn't going to mean that they're able to access the service.

There are all sorts of systemic barriers to access. And so, outreach needs to be a huge part of that. And we need to ensure that spaces are welcoming to all members of the family and have a family friendly culture. I saw that in one of the Q&A that's come up already, somebody asked about how we can support fathers, or male parents in being involved, as well as mothers. And I think this is absolutely essential in how we create a space that feels like it was also designed with fathers in mind, and with whole families in mind and with different family formations in mind.

To make it friendly and accessible is absolutely essential to part of that. The whole family approach is really at the centre of Family Hubs.

The next principle on connection. This is around how we can create joined up, connected services. So, co-location is going to be an important part of that. I think, you know, at the centre of the evidence behind this, is families. Families find it very, very hard, distressing, triggering to tell their story multiple times to multiple different professionals. And this, as well as being distressing, also is associated with some disengagement, and so this is how families fall through the gaps.

They just don't want to do it again and having services that are joined up and linked together to hold in mind, and think about, a family is absolutely essential to this connected work.

And co-location can be a part of that. And I think there's also something about, that we need to join up, the vision within integrated care systems and with other kinds of integrated models of practice, isn't just how different parts of local authority family support services can join up. And there are lots of parts, but also how they can join up across the age range, across the family, but also how they join up with their sector colleagues. How they join up with other community capacity, with faith leaders and communities, and with all other aspects of what's going on in the community, how these things can work together.

To do that on the ground, you need really strong joint governance, you need shared commissioning, and you need shared outcomes so that, your

school nurse or your health visitor or your family support worker, and your GP, mental health practitioner, are all thinking about families in the same way. This can't happen unless there's a guiding governance structure. Unless at the highest level, those services are being paid for and commissioned in the same way, and that those services need to have shared outcomes.

That there's shared evaluation of measurement and data sharing. That's one of the things people have told us across local authorities. That's one of the hardest things. How do we get people on the IT system, so that case management can be for the whole family with a common assessment framework?

I think, understanding how families are able to move through a system fluidly and dynamically, they're not necessarily always in one box. They can come in for a universal service, but they also may need referral and escalation to some of the other services around and the best way to break down some of those access barriers joined up working, is to be able for them to have this single point of access and develop trusting relationships. And then their needs be identified and escalated as required. And then relationships. As Minister Quince said, Josh MacAlister's work, that he's been leading on the Case for Change.

It has been hugely influential in helping us understand and think about how we prioritise strengthening family relationships.

Make relational practice the absolute centre of all we do. If we are going to have a family friendly, non-judgmental, compassionate, accessible service, we need to support staff to take a relational stance. To have space for reflection.

And for good relational supervision. And exactly in the same way as we're inviting families to build on the relationships, we need to provide staff with the support and care that they also need to take a relational approach.

So, what services? As I said, these services are going to be defined by local needs. So, there isn't a clear blueprint of which services exactly Family Hubs should offer. But this is a good example of the sorts of things that we're talking about. And what's going to be absolutely crucial to starting this service offer is a 'Best Start for Life' offer.

So those are the kind of midwifery, antenatal education, the infant feeding, support and perinatal support, you know, below the threshold of IAPT and specialist perinatal mental health services. And then parent-infant relationship services that can support the parent-infant relationship. And then, all of those other things and that are listed here in the centre, are core aspects of that and of the kinds of services that might be delivered in Family Hubs.

And hopefully, we can hear more about that from my colleagues in the Isle of Wight and some of the other case examples that we've got set across the day to day. And so, this is a flexible modular offer in terms of services. Start for Life is absolutely going to be crucial. So, I would invite people to

have a look at our toolkit for more information.

On all the different aspects that have fed into the Family Hub model, as it's been currently defined. And I think what everyone can agree on is the need for an early intervention, for intervening early. Because we know the impact when early adversities are met. And we know that is across such a wide range of domains, across educational outcomes for children, across the social, emotional development, behavioural development, but also their physical health and motor development.

And we also know that these kinds of patterns are intergenerational, and societal. And there's a huge, huge cost associated with unmet early adversity, and that we really need a systems wide intervention to be able to start to break these patterns and give families the chances they deserve and need, to achieve the outcomes that we have in mind. And then some of the evidence principals that sit behind, I guess good quality family support services are around using this universal offer that we've talked about and that active outreach to create a more accessible service. To make sure that we all Family hubs are accessible to all families, but particularly families who might not have typically felt safe in engaging with the universal service.

So, families that might be facing marginalisation or other vulnerabilities are created within the system. We want to do things differently to understand more about how we can make Family Hubs accessible to all families, including those providing family support from early in life and provide integrated family support across the health and social care.

And Peter (Fonagy) spoke a bit about some of the evidence from America around integration and integrated practice units. How we can take a whole family approach, so that families aren't having to find a service for their baby here and find a service for their eight-year-old, and then the teenager in all different places. That there is this front door, and that trusted relationship is at the centre of all practice. The huge evidence now around the positive impact of taking a relational approach is very powerful.

Some of you know, the evidence behind some of these principles are set out in the Early Intervention Foundation review. And then, of course, learning from previous family support evaluations like Sure Start, and this very compelling report that came out this year from the IFS about the long-term impacts of Sure Start. And we want to absolutely take and understand those things that worked and take them into the Family Hub model.

Also, this stuff is described in more detail in the Family Hub model framework that the Department for Education published this morning, and which is one of the Annex materials, connected to the transformation fund that Mr Quince said went live this morning.

So, this is what this looks like. That's it from me. I'm going to now hand over to Nicky. We wanted to make sure that we were capturing parents' voices throughout the day today. And I can attest that talking at such a big event, with over 500 people, is quite nerve-wracking. Nicky has recorded some of

her experiences of family support on the Isle of Wight, that she is now going to share with you.

Nicky (parent): Hi, my name is Nicky. I'm a single mum to one daughter and one son. I was forwarded on to Kirsty from Bernardo's by the school, as I was struggling with my health, which was affecting my children and my family life. Kirsty has been an amazing support to myself and my children. She has made regular visits to my home and shown me new techniques and tips, so that I can bond better with my children. Kirsty has referred me to young carers as well, so that I can have some me time to recharge my batteries, so that I'm in a better frame of mind when my children come back home. And also, so that my children can have some time out, make new friends and enjoy new activities. I was having difficulties knowing where to go for my son to be tested with autism.

Kirsty was invaluable in showing me where to go with this, and the family life has settled so much more. My son's violent outbursts are a thing of the past now, and for this alone, I can only thank Kirsty.

So, a heartfelt thank you from me and my family.

Camilla Rosan: Thanks to Nicky. I'm going to hand over to the team that Nicky worked with in the Isle of Wight. To Claire Steen and Laura Groves, who are children's services managers. They work for Bernardo's in the Isle of Wight, in their Family Hubs, that they call Family Centres.

And they've been doing absolutely amazing work for a number of years now, so they're quite ahead of the curve. I'm really looking forward to hearing them. So over to you, Claire and Laura.

Claire Steen: I'll just share my screen.

Laura Groves: While Claire is just sharing her screen, we're just going to talk to you today about our Family Hub model that we've been growing and delivering on the island since 2015.

Claire Steen: Here we go. OK, so we were fortunate on the Isle of Wight in 2015 that the local authority took the leap of faith and evolved from children's centres to family centres. Therefore, creating an integrated 0-19 offer. That was quite a shift in gear and a shift of mindset, that enabled us to focus on whole family working within the early help process, whilst maintaining a universal front door for families to access services and not feel stigmatised in any way. It always has been and continues to be essential that public health services are delivering within centres. That's what makes a family centre, a family centre.

It's somewhere you access from before your baby is born and continues to do as they grow. So, I will say next slide, please. So today, we're focusing on where we are now, but all through the journey, it's been important for us to clarify and understand what our key responsibilities were as a 0-19 service offer.

And we made that conscious decision that it was to focus our resources on supporting parents to make the changes within their own family and empower them to improve outcomes for their children by working whole family. We include a volunteer-led play session, that's open access. But our five to 19 activities are generally the responsibility of partners, usually in the community, or in some cases they will deliver from the centre where we have spaces. But there's also locally some great work within our town and parish councils that offer youth services too.

Some of the work is just about making others aware of what is available. We have a very close relationship with our commissioning officers, and we constantly reflect on what's working, and what isn't. It's very open dialog and we've been very much on that journey together.

We've developed an offer that linked a service user's need to a response, but with the flexibility to adapt that to a one-off phone call, a face-to-face session of course, or if a troubled family's criteria was met, an assessment in order to access the intensive family support. We can look at what happens as part of our family of using the Thrive model. So, the list you see within the coloured areas of what we do, and those in the white areas are our partners who deliver from centres.

So, the difference to the children's centre offer was that ability to work whole family and not need to pass on to other agencies, after the age of five. The focus on the parents and the aim to support them to parent 0-19. And that ability to keep coming back and access a different service, a different support package as the children grow, to gain additional knowledge of each age in the stage. Typical days in centres can include, a midwife appointment, health visitor clinics, volunteer-led play sessions, parenting course and family time.

And we have the really great opportunity that we have three hubs and seven spokes. So, this is happening all across the Isle of Wight. The additional services that we offer can be in the centre, they can be in the home, they can be in the community, they can be online.

It really is flexible about how people access the services. But it's about that front door that they can come through. And this was mentioned. It's a no-wrong-door approach, access is really important. The relationships between ourselves and our partners are essential to ensure that what is happening is what's needed, and we listen to our partners.

We look at the data, and we take on board service users feedback to help us shape that service appropriately. We have partnership agreements in place for partners that deliver from centres, so that confirms both parties' responsibilities within the relationship down, to the practicalities including health and safety, key holding, Covid secure expectations, et cetera. This year we spent some time developing our own website, and it's a really practical way of explaining what we do and what services are available and link to our offer. It's an additional tool to access support, and we're really pleased.

It was worth doing that piece of work. This is a bit of a summary of last year's annual report and some of the highlights. We're pleased that the take up and engagement with our parenting courses has remained good and improved year on year.

We've maintained our capacity to deliver and are able to reduce the time parents are waiting for a service. 87% of families improved outcomes for their own families, which generated payment by results and therefore future investment in services. The range of partners delivering from our centres continues to grow and covers universal through to targeted.

The positive and good relationship with our commissioners ensures the open dialog has been essential to our continued development. The voice of the child is central to what we do. Parents are asked to reflect on what they've learned and how that's impacted on their child and their family.

Volunteers are representative of our service users, and as a result of their experiences, they go on to employment and training within the workforce. Currently one is a third-year social work student, on a placement within the centre.

Laura Groves: So, our recent contract has continued to extend what we offered in the original contract, which was commissioned by the local authority in the CCG.

And you'll see that there are six commission service elements to our offer, which is the family centre services; early help and parenting support; intensive family support, which is offered through the Supporting Families Programme; Young Carers, who are now commissioned to deliver family time, which was previously known as supervised contact.

And we're commissioned by the CCG, to deliver our specialist neurological parenting programmes. Our family support is pivotal, as it enables sustainable change and is the element of provision that was evaluated by Barnardo's Policy and Research team.

However, it's important to recognise that family support is provided within an integrated framework, building trusted relationships with families from pre-birth via the universal offer. We've continued to be a platform to be able to respond to national agendas, including the impact of the global pandemic. We've had staff able to respond to parental conflict and other impacts of the pandemic, which we have linked to our local community hubs where there's more support available. This is an example of our service structure on the Isle of Wight.

We have a workforce which is led by two Children's Service Managers, which is Claire and myself. We have a Data Manager, who works very closely with our local authority regarding flow of data. A Service Administrator, and we have a team of hubs, admin hubs, that work within our receptions at our hub sites. And they were working all through the pandemic last year, while our hub sites were open. This ensures access to services that are as easy as possible for our service users, and support partner agencies, such as

midwifery, health, mental health workers.

We have two team leads for our Family Support services, who ensure that our family support service and our family time sessions are offered. We have a team lead for Community Early Help workers, who deliver the parenting programmes and short pieces of intervention with families.

We have a Volunteer Coordinator and an Early Years Link worker, to support our volunteers and parent champions to connect with us and the wider community. Because we have additional funding from the CCG, we also have a Neurodevelopmental Lead, to help oversee the delivery of the ADHD and ASC parenting programmes that we offer.

We have allocated workers to a locality on the island, so they can build trusted relationships with our partners and our community connectors within the community. Staff have been trained to work in a whole family approach. To be trauma informed in their response, and to use evidence-based parenting programmes within their practice, either on a one-to-one basis or within a parenting group basis. We also employ two Virtual Lead professionals who are linked to the wider early help system.

So last year, the total cost of all the staff and management attributed to the intensive family support element was £664 (thousand). This was approximately £1,800 per family that were open to our intensive family service.

Analysis of the outcomes showed that for every £1 spent on intensive family support, a potential saving of £2.60 was generated on upstream service costs. That equates to a potential saving of just over a million in the last financial year.

The full Early Help Family Centre offer cost £1.3 million. The savings generated would theoretically cover the remaining cost of the whole service, plus generate wider future savings of £427,000. So, in a recent Ofsted inspection of our local authority, the Ofsted inspectors found that an increasing number of children and families access early help services, and benefit from a comprehensive range of support commissioned through an external provider via a network of family centres across the island. In partnership with the local authority, the voluntary sector provides a strong community response to families who need access to early help services.

So, there's a link to our website there, which Claire talked about earlier, which is new, and which just went live a couple of months ago. And there's our contact details if anyone would like to contact us and ask us any further questions.

Camilla Rosan: Thank you so much, Claire and Laura. It's really incredible work. And so, we only have a couple of minutes left, so we're only going to be able to have time for a couple of questions.

One of the themes that's come up is around really embracing an authentic

and inclusive approach to the access pillar and questions around ensuring that we're accessible to some perhaps previously underrepresented groups in family support. I mentioned earlier about fathers, and someone's asked about single parents.

How you create a warm, practically how you create a kind, warm, family friendly environment. I think I would just say that this is something we're really very mindful of at the National Centre, and we are planning to do some more models on that area. The Department for Education is also doing some really exciting cutting-edge research around behavioural insights and how we can help.

And shift some of those experiences and narratives. I just wondered if you had anything to share from the Isle of Wight around making your services accessible. Perhaps to groups of parents or families that have not always felt welcome in family support services. Perhaps were quite disenfranchised from any professional services because of previous history of mistrust.

Claire Steen: I think it is about supporting those individuals to come through the door sometimes. It isn't always possible to do that alone. So, having those additional layers of support so they might have access to a family support worker and that part of their work would be to bring them into an open play session.

We also work with partners of Home-Start. They have groups in our centres as well, so they might be reaching some of those more vulnerable families. And so, it is very much about the relationships with our partners and with the families themselves, building that trust.

Laura Groves: And our colleagues in schools and education settings, pre-school settings. We build quite close relationships with them, and they can often support families to access our services if they may be reluctant to.

Claire Steen: Any request that we get for support, everybody gets a communication, a phone call from a worker, so that we're connecting with them from the very start. It's not just an invite come along. It's more, speak to them and have a one-to-one discussion and make a judgement about what their routine services will be.

Camilla Rosan: Thank you. An amazing answer and a great to hear about integration being part of that, and how you can work with other services, including the voluntary sector. Lovely to have a shout out to Home-Start, an incredible charity that is really fantastic overcoming some of those accessibility issues. And let's squeeze in one last question and then we'll go to break.

Somebody's asked, I mean, there are some specific questions for the Isle of Wight, which is so lovely. Somebody has asked about outcomes, and how you monitor outcomes beyond your 0-19 service?

Laura Groves: So, our intensive family support service is, we use the National Troubled Families, so now the Supporting Families Outcomes. But within Bernardo's, we have our own outcomes framework, which we've matched to the Supporting Families Outcomes so we can benchmark families when they come into service and then through all three, six and nine months, possibly twelve-month review of those outcomes.

We work really closely through the Early Help system. So, if the family has an early help plan that's open, we use the distance travel tool that the local authority has devised. We work closely with families, to review outcomes as we go along really to see how families are doing. Whether we're working in the right direction for families.

Claire Steen: And even with our parenting courses, at the end of that, their courses, they would do a reflection on where they were and where they are now, so we can tell whether that's improved their competence, their skills and knowledge, their understanding and what the difference is we've made.

Camilla Rosan: Sometimes those kinds of goal-based outcomes can be the most powerful. We've done some work at the Anna Freud Centre to be able to create reliable change in those more qualitative goal-based outcomes, so that it can be scientifically valid. Thank you. We haven't had time to go through all your wonderful and interesting questions. And so, what we're thinking that we're going to do is try and create some themes and answer them on the same place where we're going to host the slides, as best we can. There's been lots and there's lots of you, but I think there's some really important things that we'd like to pick up, particularly if they aren't picked up in some of the other sessions later in the day or the panel session.

Thank you so much, everyone. We've got a break now, until ten to, I think. The training team will let you know, and we'll be back to hear from colleagues about the toolkit. Thanks again, so much to Laura and Claire and to Nicky, for sharing her story and the wonderful work on the Isle of Wight. And thanks to the audience. OK, enjoy your break.

This transcript was created on November 12th 2021.